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Navy and Marine Corps Medical News
#03-18
May 16, 2003

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Disaster Drill Tests Bed Expansion at USNH
By Bill Doughty, U.S. Naval Hospital, Yokosuka, Japan Public Affairs

YOKOSUKA, Japan - How many beds would be needed in a mass casualty disaster? How long would it take to set them up and how easy would it be? These were some of the questions addressed by the recent disaster drill held in Yokosuka.

Dozens of simulated casualties were treated at the Yokosuka Self Defense Force Hospital and at U.S. Naval Hospital, Yokosuka. USNH tested its ability to set up and move in beds to expand its inpatient area.

According to Medical Planner Lt. David Groom, "Because we're forward-deployed our big readiness mission in a disaster is expansion. That is our primary role."

"Our hospital does not actually deploy," he added. "We are self-contained, and we are to be ready to receive patients in the event of a war scenario or in the event of a NEO operation."

Hospital Corpsman Third Class Aremo Akinloba, a neurology technician, led one of the teams, which set up beds. He and his team found unexpected parts came with the newer contingency beds.

"We thought they were going to be the beds that just fold out, but we found they had food trays and IV poles and a mattress that came with them," he said. "Once we got them out of the boxes and figured out what we were doing it went pretty well."

He added, "Getting all the bugs worked out in a drill was good so if we have a real drill we'll be ready. We need to keep doing the drills because if there is a disaster we need to make sure we're ready, ready to go at a moment's notice."

Ambulances, with sirens on, pulled up to the Emergency Room throughout the morning of the drill and patients were treated in the Emergency Room and throughout the hospital.

While the wards expanded to accommodate more patients, the Operating Room filled with simulated surgery cases, extra rooms in the Intensive Care Unit powered up, and the Emergency Room continued to manage a busy triage service.

Emergency Room Corpsman HM3 Jay Bradbury was one of the corpsmen who helped treat "casualties." He said the disaster drill was a learning experience for all involved.

"I think that was the big, big thing. Learning." He added, "I think the doctors really took time and said, 'This is why you should do this,' 'This is why we do this,' 'We do this because . . .' I learned a lot."

The drill showed how the hospital can efficiently and effectively move in extra beds and take care of many casualties all at once.

"This is why we drill," said Bradbury. "In a real disaster we will know what to do."

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Fleet Hospital Reservists Train for Forward Deployment and Survival
By Ens. Shane Linkous, Naval Reserve Information Bureau
Southwest 111

MINERAL WELLS, Texas - There is nothing easy about treating a critically injured patient in a combat zone. It is always harder than you expect.

Those were the instructional words of Army 1st Lt. Gregory Miller, a medic assigned to Operational Detachment Alpha 981 Co. B, 5th Special Forces (ODA 981), as he lectured to doctors, nurses, corpsmen and support personnel of Naval Reserve Fleet Hospital Dallas Det. 19 (FHD Det. 19) of Naval Reserve Center Fort Worth, during Operation Vigilant Echo 2003.

More than 40 members of FHD Det. 19 participated in the recent operation, a joint-force and multinational field training exercise, designed to provide Naval Reserve medical personnel with practical training for deployment to combat operations in a land-based environment.

Held on the 7,500-acre woodland range of the Camp Fort Wolters Army National Guard Training Center outside of Mineral Wells, fleet hospital personnel received training in helicopter medical evacuation, emergency triage, land navigation, survival, chemical and biological decontamination procedures, and field safety.

Elements of the U.S. Army Special Forces, Army Reserve Officer Training Corps and The Republic of Singapore Air Force provided instruction during the two-day exercise.

"This is some of the best land-based training we've had," said Hospital Corpsman 3rd Class Juan Rodriguez of FHD Det. 19. "When you don't get out in the field all the time, it's important to re-orient yourself to land operations."

The fleet hospital's emphasis on field training reflects the Navy's ongoing shift in the way it provides medical care in forward-deployed situations.

During Operation Iraqi Freedom, the Navy deployed a number of what it calls "forward surgical resuscitative units" throughout Iraq. These newly-organized teams of six to eight members allow naval medical personnel to provide critical care at or near the front line at a more robust level than ever before, while still remaining highly mobile.

The units have the ability to rapidly set up a mobile surgical facility, and treat up to 24 patients a day during that critical first hour after a battlefield trauma known as the golden hour.

"As the Navy's mission changes, we have to be prepared to change with it," said FHD Det. 19 Commanding Officer Cmdr. Enrique Flores. "With this type of field training, the fleet hospital will be better prepared to provide elements of the forward surgical resuscitative units, because we will have the people, the talent and the field training needed."

"This kind of field training really builds confidence," said Lt.j.g. Donald Cotti.

"In March, when Iraqi forces ambushed a supply convoy outside of Nasiriya and took American POWs, we witnessed the fact that you don't have to be a member of Special Forces to find yourself in harm's way," added Flores. "Because of that, I think we all listened a little more intently to what our instructors had to say about operating in the field."

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NMCP welcomes home Fleet Hospital 15
By NMCP Public Affairs Office

Naval Medical Center Portsmouth, Portsmouth, Va. - After a 14-hour flight originating in Kuwait City, approximately 270 officers and Sailors assigned to Fleet Hospital 15 (FH15), and Construction Battalion Units FOUR ONE FOUR and FOUR ONE FIVE returned to Hampton Roads area May 5. The group completed a seven-and-a-half week deployment to the Middle East where they served at the Kuwaiti Naval Base and in Camp Coyote with a compliment of 255 officers and Sailors stationed primarily at NMC Portsmouth with several

service members coming from the surrounding branch medical clinics. While deployed, the detachment spent their time in the Central Command Area of Operations (CENTCOM AOR) in Kuwait, standing by to support forward deployed operational ground forces participating in Operation Iraqi Freedom with field grade tertiary medical care.

"Fleet Hospital 15 provided sick call healthcare to both U.S. and Coalition forces from our base in Camp Coyote," said Capt. Martin Snyder, commanding officer of FH15. "We used our own ambulances, transport vehicles, medical supplies and other consumables. With our Seabee augmentation providing heavy equipment and logistical support we were pretty self-sufficient." An augmentation unit of 32 Seabees deployed at the same time as FH15 to set up and maintain the hospital team's bunkers and work spaces. Construction Battalion Unit FOUR ONE FOUR is homebased at Naval Submarine Base Groton, Conn., while FOUR ONE FIVE is home ported in Naval Air Station Oceana, Virginia Beach, Va.

"Our Seabee support was outstanding when it came to heavy equipment usage and logistical requirements such as establishing electricity and maintaining the air conditioning units," explained Snyder. "The bunkers at both Camp Coyote and Kuwaiti Naval Base had to be re-fortified before they were usable. And there were times when those bunkers came in handy."

During a phone interview Cdr. David Price, executive officer of FH15 recalled how at various times Seersuckers, Silkworms and SCUD missiles could be seen overhead, mostly during FH15's time at the Kuwaiti Naval Base. The Sailors from different commands, departments, clinics and wards proved that Sailors could work together regardless of rank, rate or mission. "From boredom to bunkers, I was most impressed with the caliber of professionalism of the individuals under my command, especially the enlisted troops," said Price. Capt. Matthew Nathan, deputy commander of NMC Portsmouth, boarded the Northwest airliner at the Airlift Military Command terminal with NMC Portsmouth Command Master Chief, HMCM(SW) David Carroll, welcomed everyone home, letting them know how much their shipmates have missed them.

"Fleet Hospital 15 has returned safe and sound, tired and a little sun burnt," said Nathan. "We kept their names in our prayers and our sight along the passageways. Welcome home, welcome back. Thank you Fleet Hospital 15 for standing the watch."

To date, of the 600 plus medical staff and support personnel who were forward deployed in support of Operation Iraqi Freedom, more than 280 have returned home. The release from active duty of the more than 200 recalled reservists activated to assist in partially backfilling vacancies created by these is currently in progress.

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The Navy's Youngest Surgeons

By Journalist 1st Class(SW) Terrina Weatherspoon, Naval Medical Center San Diego Public Affairs

SAN DIEGO - Scrubbed, gloved and ready to go. As of today, they are the Navy's youngest known surgeons. They range in age from 8 to 16. And today they are removing an appendix.

After the surgery they will, of course, apply steri-strips to close up the skin. And then they will wipe their brow, take off the gloves, and return to school for the rest of the day. Most, after all, are in the 4th and 5th grade.

It was the very first bring-your-child-to-school day for the main Operating Room (OR) at Naval Medical Center San Diego (NMCSO). Staff members wanted to show their children what a normal day is like for them. The children were able to perform mock operations on dummies and props.

"We had them arrive at 6:45 in the morning and pop tall at morning muster," said Lt. Cmdr. Gloria Kascak, perioperative nurse at NMCSO. "We fit them with scrubs, had them wash up using glitter-bug (a solution that allows you to see the germs on your hands under black light) and they were even given badges."

Displays were set up at a few different tables. The children were able to play with bone wax, steri-strips, perform laparoscopic surgery, and remove an

appendix.

"I am using the bone wax to make shoes and animals," said Bethany Polley, 16. "This experience has just convinced me that my decision to become a nurse is right."

Bethany is here along with her sister Karaline, 11, and her brother Craig, 13. "My favorite part was the laparoscopic surgery, (the process of using a small camera that greatly magnifies a procedure and helps surgeons perform surgeries in the abdominal area), said Craig. "I'm very good at it, and I think that is because I play a lot of video games. I'm used to staring at a monitor while working with my hands."

Cmdr. Maureen Zeller, assistant department head in the main OR, and Lt. Elizabeth Neptune, staff nurse in the main OR, were the brains behind this operation. "My children are always asking me what I do," said Zeller. "The only time kids are ever back in this area of the hospital is when they are getting surgery. And that can be a very scary time. So we decided to show them the other side of it so they can appreciate what goes on behind the scenes."

"I respect what my father does a lot more now," said Christie Boyle, 13. "This morning I watched my dad start a heart case. It was pretty cool."

Even children of deployed staff members were invited to partake in the events, but most were unable to attend. "We wanted them to be able to experience what their mother and fathers are doing in support of the war," said Zeller. "Some of the people helping out today do not even have their children here. They are just here to help educate."

The staff is hoping that everything runs smoothly, so this can become an annual event. "When we presented the idea to Capt. Simmons (Capt. Nancy Simmons, Department Head, Main OR, NMCSD) she was a little reluctant at first due to the patient privacy issues," said Kascak. "But we are hoping that after the results of today, she will see only the benefits that remain."

The children were all given a packet of information teaching them more about what they had just learned. They were also given a pen and a day full of memories.

"Today was fun," said Anthony Kascak, 10. "I plan on joining the Navy. I want to be an astronaut, get a Navy scholarship, and go to a good college." But for now, he'll settle for being a 10-year-old surgeon.

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NNMC Implements New Patient Sponsor Program

By Journalist 2nd Class Erik Hoffman, National Naval Medical Center Public Affairs

BETHESDA, Md. - The chaplain staff and several volunteers from the National Naval Medical Center (NNMC) are doing their part to put Marines and Sailors returning from Operation Iraqi Freedom a bit more at ease through the Adopt a Hero program.

According to Lt. William McCandless, staff chaplain and program coordinator, everyone benefits from the program. "The program was designed to give active duty (personnel) here a collateral duty to facilitate the needs of the war injured and their families," he said.

The most important role of the sponsor is to provide care and compassion to the patients and their families.

Before a sponsor is assigned a patient, he or she must go through a training program. The training teaches volunteers how to make the patients more comfortable during their stay at NNMC. It also shows volunteers how to make the families time here less stressful by setting up lodging and transportation.

"The sponsor does all the leg work, so the families can spend more time with their service member," McCandless said. "Patients and their families should not be in need of anything."

Such is the case with Army Pfc. Don Shafer, who arrived at NNMC April 15 at 4 a.m. His mother and grandmother were here for him, but really weren't sure what needed to be done for Shafer.

Sometime around 9 a.m., Shafer and his family not only found out what things were needed, but found out someone would take care of everything for them.

DC1 Patricia Goodrich heard about the program through the chaplain's office. She went through the proper training and was put on the sponsor list.

"I went to the chaplain Monday morning and asked if I could be bumped up on the list. I'm here during the week, and I can't go home when I'm not working. I really have nothing to do but sit in my room. I'd rather spend [my time] productively," Goodrich said.

Shafer's opinion of Goodrich is a favorable one.

"She's pretty cool. We talked about the Army, talked about the Navy, shared a lot of stories and discussed similarities and differences between the two. She actually bought me lunch, which surprised me because it was something she didn't have to do. She bought my mom lunch too, which I thought was really nice," he said, smiling.

Shafer's mother, Laura Brune, was equally impressed with Goodrich's treatment of her son. "She's been very helpful, very friendly. She helped buy him some Army stuff, a razor, and personal things he needs," Brune said. She also liked the way she was treated.

Goodrich said she was just trying to lend a helping hand towards the war effort.

"I couldn't be there on a ship, so I wanted to sponsor someone. I want to help out and do what I can. If it were me, I would want to know that my family is getting the best while they're waiting for me to recover," she added.

Shafer thinks the program has been good for him and his family.

"So far, I think it's great. It's going to be a wonderful thing for someone who can't move around," he said.

He added that it's good to have someone to speak to and can relate to how service members think. "It will also give that bridge for the parents. It will give the parents someone to talk to about what's going on with their (service member)," he added.

"When he's transported, she volunteered to drive me in her personal vehicle to where he's going if need be," Brune said. "I don't want to leave here. The people at Bethesda are wonderful. We're very happy here," she added.

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First Person: Lt. Sarah Goldman

JACKSONVILLE, Fla. - (Lt. Sarah Goldman, Medical Service Corps, is an occupational health officer at Naval Hospital Jacksonville. These are her words about playing on an all-Navy Women's Basketball Team)

I began two weeks of intensive practice with the All-Navy Women's Basketball Team March 22 to compete in the Armed Forces Championships in Everett, Wash. on April 12. I've been the team's co-captain for the last two years. In that time, the Navy team won the silver medal one year and came in third the other year.

Last year, I was named one of the tournament's Most Valuable Players (MVPs) and was selected to the Armed Forces Basketball Team. That team is basically made up of the 12 best players from all the Armed Services. They compete in a national tournament against Amateur Athletic Union (AAU) teams from all over the country.

I have a lot of pride in being able to represent the Navy in this capacity.

Navy Sports is a first class program and practice for the basketball team is no cakewalk. It's different from when I played college ball in that the practice schedule is very compacted, they cram a lot of learning into a short amount of time, just a couple of weeks. We actually practice three times a day, starting early in the morning and running into the evening.

A side benefit of playing on the team is that you get to know people who are stationed all over the world and who have all kinds of different rates and jobs. I really get some insight into what they do. It's just a really diverse group and its really neat to get to interact with them through athletics.

I've played on teams since I was a high school sophomore, starting with the Tigers of University School of Nashville, Tenn. Later, I played with the Bears at Washington University in St. Louis, Mo. While I was on that team, the Bears went to the Final Four two years straight. I've always played point guard and I still hold the WU career assists record at 340.

I was recently invited back to WU, to be inducted into the school's Athletic Hall of Fame. I was proud to be the fourth female athlete to be selected by the university.

As I accepted the award, I was proud to speak to them in my Navy uniform. I told them that I learned three important things from my coaches during my high school and college basketball days, "To give 100 percent effort, to have a positive attitude and to pay attention to detail. Those are three things that are expected." And I compared being part of an athletic team to being part of a team defending our country. I told them, "With the responsibility of wearing an athletic uniform for a school, you represent the school. Now I am on a different team, I have different teammates now. And I still try to give them those same three values I was taught as an athlete."

Interviewed by Naval Hospital Jacksonville Public Affairs.

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Healthwatch: May is National Arthritis Month

By Aveline V. Allen, Bureau of Medicine & Surgery

WASHINGTON - If you or a loved one are experiencing any type of inflammation of the joints, with symptoms of pain, swelling, and redness, you may be suffering from arthritis.

"There are many forms of arthritis, but the two most common are osteoarthritis and rheumatoid arthritis," said Capt. Richard M. Keating, Medical Corps, Navy specialty leader for rheumatology, and chairman, Internal Medicine Department, Naval Medical Center, San Diego.

Osteoarthritis, the more common of these two forms of arthritis, affects more than 20 million Americans, while rheumatoid arthritis sufferers account for approximately 2.1 million people. Medical studies show arthritis affects approximately 43 million Americans. For adults 18 years old and older, arthritis is the leading cause of physical disability.

"The most common risk factors for osteoarthritis include age, gender, obesity and previous joint injury from either leisure activity (sports) or work," said Keating.

Rheumatoid arthritis has its own set of symptoms associated with it.

"Rheumatoid arthritis is a very different disorder," said Keating. "It is an 'autoimmune' disease wherein the body's own immune system attacks its own parts, in this case the cartilage and bone in the joints."

While age plays a factor with this disease, arthritis research shows that both forms of arthritis are more prevalent in women than in men. Comparisons of the two common forms are worth mentioning. Men younger than age 45 suffer more with osteoarthritis, while women older than 45 years old are more likely to develop it. The second most common form of the disease, rheumatoid arthritis is known to affect women more frequently than men.

Women are also more vulnerable to developing osteoarthritis if overweight. Arthritis research shows there is a link between obesity and development of osteoarthritis of the knee in women. The key here is controlling your diet and getting the proper amount of exercise. Correct diet and exercise can lessen the amount of stress on "weight-bearing" joints like your knees.

Maintaining and controlling your weight and exercise is important... but also workplace injuries can be another important factor. If your occupation requires you to do repetitive motions such as bending and kneeling, you may be at a higher risk of developing osteoarthritis. The workplace solution would be to think of things you can do to lessen the effect of arthritis on your body while working.

Whether you experience arthritis at home, work or in leisure pursuits, there is treatment for both forms of this disease. These include over-the-counter medicines, pain relievers, prescription medicines, and in some cases, surgery.

"Treatment options for rheumatoid arthritis have expanded greatly in the past three years alone," said Keating.

No matter what form of arthritis you may have or how long you have had it, it is important that you inform your doctor of your symptoms, and any questions

or concerns you may have. With this information, your doctor will be able to put together an appropriate treatment plan for you.

For additional information on arthritis, see www.arthritis.com or www.arthritis.org.

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